

MAR 17 2009

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

*A Public Document*GOVERNOR'S OFFICE  
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Bryant	Cynthia			
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1400 10th Street		Sacramento	CA	95757
OPTIONAL: FAX / E-MAIL ADDRESS				

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Governor's Office of Planning &amp; Research

Division, Board, District, if applicable:

Your Position:

Deputy Chief of Staff &amp; Director

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: Commission on State Mandates

Position: Commissioner

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: The period covered is January 1, 2008,  
through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2008.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2008, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_**4. Schedule Summary**► Total number of pages  
including this cover page: \_\_\_\_\_► Check applicable schedules or "No reportable  
interests."I have disclosed interests on one or more of the  
attached schedules:Schedule A-1 ☒ Yes - schedule attached

Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached

Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached

Real Property

Schedule C ☐ Yes - schedule attachedIncome, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)Schedule D ☒ Yes - schedule attached

Income - Gifts

Schedule E ☒ Yes - schedule attached

Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.Date Signed 3/30/09Signature \_\_\_\_\_  
(ing official.)

Cynthia Bryant  
Form 700  
Cover Page

1. Offices, Agency or Court

Agency: California Housing Finance Agency

Position: Board Member (ex officio, non-voting)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Bryant, Cynthia

► NAME OF BUSINESS ENTITY  
Russo Watts Pension Plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Consulting-Retirement Plan

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☒ Other Pension Plan  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 08             /        / 08  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 08             /        / 08  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 08             /        / 08  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 08             /        / 08  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 08             /        / 08  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
       /        / 08             /        / 08  
 ACQUIRED                      DISPOSED

Comments:

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Bryant, Cynthia
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► NAME OF SOURCE  
Oak Tree Racing Association

ADDRESS  
285 W. Huntington Dr., Arcadia, CA 91007

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Horse Racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 08	\$ 300.00	Breeders' Cup Ticket**
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Breeders' Cup, Ltd.

ADDRESS  
P.O. Box 4230

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Horse Racing Championship Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 08	\$ 300.00	Breeders' Cup Ticket**
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \*\*Staffed Governor at Breeders' Cup event. Reimbursed full amount on 3/23/09.

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Bryant, Cynthia

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

► NAME OF SOURCE

Local Government Commission

ADDRESS

1303 J Street, Suite 250

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 02 / 07 / 09 - 02 / 08 / 09 AMT: \$ 663.15  
(if applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Transportation and Lodging to Speak at  
New Partners for Smart Growth  
Conference in Washington, DC.

► NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_